

UNIT COST ESTIMATE PER CHILD SEEN IN
SERVICES FOR CHILDREN WITH HANDICAPS FIELD CLINICS
FOR CALENDAR YEAR 1981 BY CLINIC

OFFICIAL

I. Audiologic Clinic (only)

1 Audiologist \$12/hr.	\$ 96.00
1 Counselor \$8/hr.	64.00
Typing & Coding \$4/hr. x 11½	45.00
Supplies & Travel	100.00
	<u>\$305.00</u>
Admin. Cost 15.2%	46.36
	<u>\$351.36</u>

Children/Clinic = 13 Average cost = \$ 27.03 per child

II. Audiologic-Speech-Otologic Clinic

1 Audiologist \$12/hr.	\$ 96.00
1 Speech Therapist \$10/hr.	80.00
1 Otologist (4 hrs.)	115.00
1 PIN or Social Work Counselor	64.00
Typing & Coding \$4/hr. x 15	60.00
Supplies & Travel	100.00
	<u>\$515.00</u>
Admins. Cost 15.2%	78.28
	<u>\$593.28</u>

Children/Clinic = 30 Average cost = \$ 19.78 per child

III. Otological Clinic (only)

1 Nurse \$8/hr. or Social Worker	\$ 65.00
1 Otologist	115.00
Typing & Med. Coding \$4/hr. x 15	60.00
1 Speech Therapist \$10/hr.	80.00
Supplies & Travel	100.00
	<u>\$420.00</u>
Admin. Cost 15.2%	63.84
	<u>\$483.84</u>

Children/Clinic = 20 Average cost = \$ 24.19 per child

7-9-82

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IV. School Clinic

1	Public Health Nurse or Social Work Counselor \$8/hr.	\$ 64.00
1	Psychologist	200.00
1	Speech Therapist/Physical Therapist \$10/hr.	80.00
1	Pediatrician or Neurologist	225.00
	Typing & Coding \$4/hr. x 2.5	10.00
	Supplies & Travel	80.00
		<u>\$ 659.00</u>
	Admin. Cost 15.2%	100.17
		<u>\$ 759.17</u>
	Children/Clinic = 4 Average cost =	\$ 189.75 per child

V. Cardiac Clinic

2	Cardiologist	\$ 450.00
1	Dental Hygienist \$7/h4.	60.00
1	Social Worker \$8/hr.	65.00
1	Nurse \$8/hr.	65.00
1	Clinic Coordinator \$7/hr.	56.00
	Typing & Med. Coding \$4/hr. x 10	40.00
	Supplies & Travel	200.00
		<u>\$ 936.00</u>
	Admin. Cost 15.2%	142.30
		<u>\$1,078.30</u>
	Children/Clinic = 37 Average cost =	\$ 29.14 per child

VI. Cleft Lip and Palate Clinic

1	Social Worker \$8/hr.	\$ 64.00
1	Nurse \$8/hr.	64.00
1	Otologist	75.00
1	Surgeon	75.00
3	Dentists	225.00
	Typing & Med. Coding \$4/hr. x 4	16.00
	Supplies & Travel	60.00
		<u>\$ 579.00</u>
	Admin. Cost 15.2%	88.00
		<u>\$ 667.00</u>
	Children/Clinic = 10 Average cost =	\$ 66.70 per child

82-29

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VII. Orthopedic Clinic

2 Orthopedist	\$ 450.00
1 Social Worker (2 days) \$8/hr.	130.00
1 Nurse (2 days) \$8/hr.	130.00
1 Clinic Coordinator \$7/hr.	60.00
Typing & Coding \$4/hr. x 25	100.00
Supplies & Travel	200.00
	<u>\$1,070.00</u>
Admin. Cost 15.2%	197.60
	<u>\$1,267.60</u>

Children/Clinic = 57 Average cost = \$ 22.24 per child

VIII. Comprehensive Regional Clinic

1 Pediatrician	\$ 225.00
1 Physiatrist	225.00
2 Orthopedists	450.00
1 Medical Social Worker (2 days) \$8/hr.	130.00
1 Nurse (2 days) \$8/hr.	130.00
1 Clinic Coordinator \$7/hr.	60.00
1 Dental Hygienist	60.00
1 Nutritionist	90.00
Typing & Coding \$4/hr. x 25	100.00
Supplies & Travel	200.00
	<u>\$1,670.00</u>
Adm. Cost 15.2%	253.84
	<u>\$1,923.84</u>

Children/Clinic = 60 Average cost = \$ 32.06 per child

UNIT COST ESTIMATE PER CHILD SEEN BY
SERVICES FOR CHILDREN WITH HANDICAPS CONSULTANTS
AT STATE SCHOOLS OR INSTITUTIONS

Medical Consultant

Medical Specialty Consultant	\$ 225.00
Travel	20.00
	<u>\$ 245.00</u>
MDH Admin. Cost 15.2%	37.24
	<u>\$ 282.24</u>

Children/Day = 10 Average cost \$ 28.22 per child

NO APPROVAL 7-9-82 4-1-82

82-29

On January 1, 1983, the Department of Health shall submit to the Department of Public Welfare Audit Section all cost data relevant to Services for Children with Handicaps program referred to in this Agreement.

The Department of Public Welfare will within thirty (30) days verify actual costs to be paid and adjust the payments where necessary.

Such costs will be the basis for reimbursement during fiscal year 1984.

OFFICIAL

POA: [illegible]

7-9-82

4-1-82

STATE OF MINNESOTA**INTERAGENCY MEMORANDUM OF UNDERSTANDING****Department of Human Services and the Department of Health**

WHEREAS, the Department of Human Services is responsible for administering the Medicaid program pursuant to Minnesota Statutes, section 256.01, subdivision 2(1), and 256B.04, subdivision 1; and

WHEREAS, the Department of Health is responsible for administering the Title V program pursuant to Minnesota Statutes, section 145.88; and

WHEREAS, the Commissioner of Health and the Commissioner of Human Services are committed to promoting high quality health care services, including primary and preventive health services for Minnesota residents; and

WHEREAS, the Commissioner of Health and the Commissioner of Human Services are interested in reducing duplicative department efforts, streamlining application processes, coordinating activities, and ensuring compliance with federal and state laws and regulations and appropriate use of public funds;

NOW, THEREFORE, it is agreed:

- I. **Duties of the Department of Human Services.** The Department of Human Services shall:
 - A. Participate as requested on Department of Health advisory or work groups related to maternal and child health issues including children with special health care needs.
 - B. Participate in quarterly joint meetings. Membership shall consist of the authorized agent of the contract or their designee and four additional appointees from the Department of Human Services. Activities include:
 1. establish mechanism(s) for exchange of information affecting health care services or the delivery of health care services to the maternal and child health populations;
 2. develop procedures for discussion of policies that may affect cooperative activities or joint populations;
 3. identify and utilize joint training opportunities;
 4. identify duplicative activities and suggest methods for reducing or eliminating duplicative work;
 5. establish mechanism(s) for sharing appropriate and relevant data;
 6. identify areas where the departments could share or maximize staff expertise;
 7. identify and prioritize joint activities and issues.

II. **Duties of the Department of Health.** The Department of Health shall:

- A. Participate as requested on Department of Human Services advisory or work groups related to maternal and child health issues including children with special health care needs.
- B. Participate in quarterly joint meetings. Membership shall consist of the authorized agent of this contract or their designee and four additional appointees from the Department of Health. Activities include:
1. establish mechanism(s) for exchange of information affecting health care services or the delivery of health care services to maternal and child health populations;
 2. develop procedures for discussion of policies that affect cooperative activities or joint populations;
 3. identify and utilize joint training opportunities;
 4. identify duplicative activities and suggest methods for reducing or eliminating duplicative work;
 5. establish mechanism(s) for sharing appropriate and relevant data;
 6. identify areas where the departments could share or maximize staff expertise;
 7. identify and prioritize joint activities and issues.
- C. Accept referrals from the Department of Human Services and provide follow-up services to children with special health care needs and their families as requested.
- D. Provide necessary staff to support joint meeting activities.

III. **TERMS OF AGREEMENT** This memorandum of understanding shall be effective on July 1, 1997, or upon the date that the final required signature is obtained, and shall remain in effect until June 30, 1999.

IV. **CANCELLATION** This memorandum of understanding may be canceled by the Department of Human Services or Department of Health at any time, with or without cause, upon thirty (30) days written notice to the other party.

V. **AUTHORIZED REPRESENTATIVES** The Department of Health's authorized representative for the purposes of administration of this agreement is Norbert Hirschhorn, M.D. The Department of Human Services' authorized representative for the purposes of administration of this agreement is Mary Kennedy. Each representative shall have final authority for acceptance of services of the other party and shall have responsibility to insure that all activities are made pursuant to the terms of this agreement.

VI. **ASSIGNMENT** Neither the Department of Health nor the Department of Human Services shall assign or transfer any rights or obligations under this agreement without the prior written consent

STATE: MINNESOTA

Effective: July 1, 1997

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ATTACHMENT 4.16-A

Agreement #1

ADDENDUM TO ATTACHMENT 4.16-A
Agreement #1

- ☐ In accordance with 42 CFR §431.615(d)(5)(i), the Department contracts with counties to perform outreach and follow-up EPSDT services for EPSDT-eligible children. Specifically, in order to identify children under 21 in need of medical or remedial services, the Department receives screening and referral information from managed care health plans which is fed into the Department's "CATCH II" tracking system. This information is downloaded to the counties for use in planning, writing letters, and performing home visits in order to encourage children to receive EPSDT screenings and follow-up visits.

Because the Minnesota Department of Health is not a partner in the CATCH II tracking system, these specifics are not made a part of the Interagency Memorandum of Understanding.

- ☐ In accordance with 42 CFR §431.615(d)(5)(ii), the Department clarifies that it agrees to accept referrals from the Minnesota Department of Health and provide follow-up services, as requested.
- ☐ In accordance with 42 CFR §431.615(d)(5)(iv), the Department contracts with the Minnesota Department of Health to provide training to providers. The health department trains nurses to conduct EPSDT visits and trains private Medicaid providers on EPSDT service requirements. Additionally, the health department responds to requests for specific trainings from any EPSDT provider in Minnesota. In sum, the Minnesota Department of Health provides technical assistance to Medicaid EPSDT providers.

STATE OF MINNESOTA

CONTRACT # 424341
A300000 1913

THIS CONTRACT is made by and between the MINNESOTA DEPARTMENT OF HUMAN SERVICES (hereinafter referred to as "DHS") and the MINNESOTA DEPARTMENT OF HEALTH (hereinafter referred to as "MDH").

WITNESSETH:

WHEREAS, DHS AND MDH have mutual and individual responsibilities relating to: the survey and certification of nursing facilities (hereinafter referred to as "NFs"), intermediate care facilities for people with developmental disabilities (hereinafter referred to as "ICFs/MR"), and nursing facility/institutions for mental diseases (hereinafter referred to as "NF/IMDs"); the quality and/or medical review in each Medicaid (hereinafter referred to as "MA")-certified NF and NF/IMD; the classification for the reimbursement of all residents in Medicaid-certified nursing facilities; nursing assistant training and competency evaluation programs; maintenance of registry of evaluated competent nursing assistants; and

WHEREAS, the United States Department of Health and Human Services (hereinafter referred to as "HHS") has issued regulations concerning the survey and certification of NFs, ICFs/MR, and NF/IMDs, as required by Title XIX of the Social Security Act (hereinafter referred to as the "Act"), which impose duties and responsibilities upon DHS and MDH; and

WHEREAS, in order to fulfill these duties and responsibilities, DHS and MDH must delineate functions to be performed and the responsibilities of the departments in the survey and certification of NFs, ICFs/MR and NF/IMDs for participation in the Minnesota Medical Assistance Program (Minnesota Statutes Chapter 256B); and

WHEREAS, MDH is the agency designated under Section 1902(a)(33) of the Act as the agency responsible for determining whether facilities meet the requirements for participation in MA as NFs, ICFs/MR or NF/IMDs; and

WHEREAS, MDH is the agency designated pursuant to Minnesota Statutes, Section 144.0722 to establish and administer resident reimbursement classifications; and

WHEREAS, MDH is the agency designated pursuant to Minnesota Statutes, Section 144A.61, to implement portions of P.L. 100-203, the Omnibus Budget Reconciliation Act of 1987, (hereinafter referred to as "OBRA") regarding nursing assistant training and competency evaluations and establishment of a nursing assistant registry; and

DHS/MDH Contract

WHEREAS, MDH has an agreement dated October 1, 1985 with HHS to carry out the provision of Section 1864 of the Social Security Act, Title XVIII, Section E(3) of which expressly permits MDH to utilize the services, facilities and records of any other state or local governmental agency or private agency to carry out the functions authorized by the agreement; and

WHEREAS, Minnesota Statutes, Section 144A.61, Subdivision 1, allows the Commissioner of MDH to contract with outside parties for purpose of implementing nursing assistant training and competency evaluation programs;

NOW, THEREFORE, be it resolved that DHS and MDH agree to perform the necessary functions to carry out these responsibilities, which shall include the following items:

1. MDH will coordinate with the DHS contract manager, the sharing of communications from HCFA/HHS which represent a change in policy or procedure with regards to the performance of contracted duties. MDH shall provide to DHS; copies of any written notices, letters or other documents received from HHS, and provide notice and opportunity to attend all meetings and exit conferences between MDH and HCFA/HHS concerning compliance with federal requirements, state agency performance monitoring activities, training, funding issues and functions performed pursuant to this contract. For purposes of this contract, MDH compliance with notification requirements shall be met if notice is provided to the designated contract manager.
2. The Facility and Provider Compliance Division of MDH shall conduct surveys in accordance with federal requirements for NFs, ICFs/MR (except in those exempt by virtue of participation in a federally authorized waived demonstration project), and NF/IMDs to determine provider eligibility and certification under MA. The requirements specified in 42 CFR 431.610(f) and (g) and the Enforcement Regulations as specified in 42 CFR 488.300-488.456 shall be complied with as part of the survey and compliance process. The implementation of these regulations shall be consistent with the State Plan.
3. MDH shall provide staff in sufficient number (subject to budgetary limitations) and of composition and qualifications to ensure that the requirements of the contract are met. If sufficient resources are not available to meet these staffing requirements, MDH shall notify DHS, and a coordinated effort will be made to obtain sufficient resources from the state legislature and/or HCFA.
4. MDH shall impose remedies as specified in 42 CFR for facilities that do not meet the requirements of participation in the Medicaid program. For those facilities where sanctions for non-compliance with Medicaid requirements have been recommended or imposed, such as; termination,

DHS/MDH Contract #

state monitoring, denial of payment, or the imposition of monetary penalties, MDH shall concurrently notify the DHS contract manager and the facility. MDH shall notify the DHS contract manager within two business days, in cases where a facility has been notified of an immediate jeopardy.

5. The Facility and Provider Compliance Division of MDH shall conduct at least one annual review for purposes of quality review or medical review, in each Medicaid-certified NF and NF/IMD. A summary report of the results of each review shall be made available to DHS. In addition, the Case Mix Review (hereinafter referred to as "CMR") section shall review the timeliness of the care plan reviews for compliance with 42 CFR 456.280. The Facility and Provider Compliance Division shall establish resident reimbursement classifications that conform to the rules established by the Commissioner of DHS. Pursuant to Minnesota Statutes, Section 144.0722, MDH shall also conduct audits of classifications at facilities. MDH shall transmit to DHS, reports and data relating to the administration of classifications.

6. Information obtained in any MDH review and/or survey of a NF, ICF/MR, or NF/IMD relative to noncompliance with the applicable rules, federal regulations or procedures shall be routinely provided to DHS.

7. MDH shall be responsible for collecting and providing to DHS, data, reports, and information related to; survey, certification and compliance, case mix and quality review, minimum data set (MDS), nursing assistant registry, and/or other activities covered under this contract, as may be deemed useful and necessary by DHS. Data shall be provided in formats and according to schedules mutually agreed upon by DHS and MDH. All data shall be provided in a manner which is consistent with Year 2000 compliance. This data shall be utilized to develop outcome and performance measurements, administer contracts for services as mandated by Minnesota Statutes 256B.434 and 256B.435, and otherwise determine value, results, and outcomes for Long-Term Care purchasing. Minimum data set data sharing will be in accordance with the HCFA/MDH Data Use Agreement.

8. MDH will provide to DHS, within available resources, policy consultation and/or support on issues such as MDS implementation and usage, and other federal and/or state legislative initiatives related to the provisions of this contract.

9. MDH shall conduct up to 16 facility reviews annually of NF/IMDs or potential NF/IMDs in order to determine if these facilities must be declared IMDs or have such declaration revoked. DHS will designate the facilities to be reviewed 90 days prior to the beginning of the next quarter. The total work time for the reviews will not exceed 25 working days in each fiscal year and will utilize IMD classification criteria. DHS will provide in-service training on IMD classification criteria to MDH staff assigned to perform the reviews.